

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL061011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2015
NAME OF PROVIDER OR SUPPLIER MITCHELL HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 13681 HWY 226 SOUTH SPRUCE PINE, NC 28777		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Complaint Survey by Dennis Harrell on 8-26-2015. The Complaint alleged: 1. The Special (magnetic) Locking had no emergency release switches at the exit doors as required by Building Code. 2. There were only keypad release devices at the exit doors and that one of the keypad codes had been changed and not given to staff to prevent staff from smoking outside that door. Information gathered from DHSR Master Facility File indicate that this 80 bed facility was first submitted or licensed on 4-26-2012. Based on this information, the facility must meet the current 2005 Rules for Adult Care Homes of Seven or More Beds and the 2012 NC State Building Code. The Complaint was unsubstantiated, however, a deficiency was cited that will require further action.	C 000		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in	C 154		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 154	Continued From page 1 the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: Based on observation, all of the exits from the facility are equipped with Special (magnetic) Locking to prevent resident elopement. Each time the locks were de-energized for testing, the lock for the dining room door in the Special Care Unit failed to re-energize and lock until after the door had been opened and closed again. Such an arrangement could allow a resident to elope after each time the locks are de-energized.	C 154		